

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>215511840</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>NTELOS Payroll Corp.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>BANK OF AMERICA CENTER, 16TH FLOOR</b>  <b>1111 EAST MAIN STREET</b>   <b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>1/31/2015</b></p> <p>SCC ID NO: <b>07467988</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1154 SHENANDOAH VILLAGE DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: WAYNESBORO, VA 22980</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES A HYDE  TITLE: CEO/PRES  ADDRESS: 1154 SHENANDOAH VILLAGE DR  CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES A HYDE TITLE: CEO/PRES ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES A HYDE TITLE: CEO/PRES ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: S. CRAIG HIGHLAND  TITLE: SR VP FINANCE  ADDRESS: 1154 SHENANDOAH VILLAGE DR  CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: S. CRAIG HIGHLAND TITLE: SR VP FINANCE ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: S. CRAIG HIGHLAND TITLE: SR VP FINANCE ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN J. O'NEIL  TITLE: SR VP, GEN COUN  ADDRESS: 1154 SHENANDOAH VILLAGE DR  CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN J. O'NEIL TITLE: SR VP, GEN COUN ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN J. O'NEIL TITLE: SR VP, GEN COUN ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEBBINS B. CHANDOR, JR.  TITLE: EVP, CFO, TREAS  ADDRESS: 1154 SHENANDOAH VILLAGE DR  CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEBBINS B. CHANDOR, JR. TITLE: EVP, CFO, TREAS ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEBBINS B. CHANDOR, JR. TITLE: EVP, CFO, TREAS ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CONRAD D. HUNTER  TITLE: EVP, COO  ADDRESS: 1154 SHENANDOAH VILLAGE DR  CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CONRAD D. HUNTER TITLE: EVP, COO ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CONRAD D. HUNTER TITLE: EVP, COO ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TIMOTHY BLITZ  TITLE: DIRECTOR  ADDRESS: C/O BRIAN J. O'NEIL  CITY/ST/ZIP/CO: 1154 SHENANDOAH VILLAGE DR  WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TIMOTHY BLITZ TITLE: DIRECTOR ADDRESS: C/O BRIAN J. O'NEIL CITY/ST/ZIP/CO: 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TIMOTHY BLITZ TITLE: DIRECTOR ADDRESS: C/O BRIAN J. O'NEIL CITY/ST/ZIP/CO: 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY DIR DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY V. ELLIOTT DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN G. FELSHER DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL HENEGHAN DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL HUBER DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN O'CONNOR VOS DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRIAN J. O'NEIL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN J. O'NEIL, SR VP, GEN COUN PRINTED NAME AND CORPORATE TITLE	3/28/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			